Case 13-10078-NPO Doc 7 B22C (Official Form 22C) (Chapter 13) (12/10)	Filed 01/16/13 Entered 01/16/13 11:21:28 Desc Main Document Page 1 of 7
In re PITTMAN_ TERRI JEAN Debtor(s) Case number: 13-10078 (If known)	According to the calculations required by this statement: The applicable commitment period is 3 years. The applicable commitment period is 5 years. Disposable income is determined under § 1325(b)(3). Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☐ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for lines 2-10.						
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount					Column A Debtor's Income	Column B Spouse's Income
2	Gross	wages, salary, tips, bonuses, overtime, com	nmissions.			\$2,087.08	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.						
	a.	Gross receipts	9	\$0.00			
	b.	Ordinary and necessary business expenses	9	0.00			
	C.	Business income	S	Subtract Line b	from Line a	\$0.00	\$
4	in the	and other real property income. Subtract Line appropriate column(s) of Line 4. Do not enter a n f the operating expenses entered on Line b a Gross receipts Ordinary and necessary operating expenses Rent and other real property income	umber less than	zero. Do n n Part IV. \$0.00 \$0.00	fference not include any Line b from Line a	\$0.00	\$
5	Interest, dividends, and royalties.					\$0.00	\$
6	Pension and retirement income. \$0.00 \$				1		
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. \$0.00 \$					\$	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		mployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>		Spouse \$	\$0.00	\$

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9	Income from all other sources. Specify source and an separate page. Total and enter on Line 9. Do not include paid by your spouse, but include all other payments Do not include any benefits received under the Social S against humanity, or as a victim of international or domest	de alimony or separate maintenance payments of alimony or separate maintenance. Security Act or payments received as a victim of a		
	a.	0		
	b.	0		
			\$0.00	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Colum through 9 in Column B. Enter the total(s).	in B is completed, add Lines 2	\$2,087.08	\$
11	Total. If column B has been completed, add Line 10, Column the total. If Column B has not been completed, enter	· · · · · · · · · · · · · · · · · · ·	\$2	2,087.08

	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD				
12	Enter the amount from Line 11.		\$2,087.08		
Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.	\$0.00			
	b.	\$0.00			
	c.	\$0.00			
	· ·		\$0.00		
14	Subtract Line 13 from Line 12 and enter the result.		\$2,087.08		
15	Annualized current monthly income for § 1325(b)(4). Multiply the number 12 and enter the result.	e amount from Line 14 by	\$25,044.96		
16	Applicable median family income. Enter the median family income size. (This information is available by family size at www.usdoj.gov bankruptcy court.) a. Enter debtor's state of residence: MISSISSIPPI	• •	\$35,505.00		
	Application of § 1325(b)(4). Check the applicable box and proceed	as directed.			
17	☑ The amount on Line 15 is less than the amount on Line 16. period is 3 years" at the top of page 1 of this statement and continue to				
	☐ The amount on Line 15 is not less than the amount on Line 10 period is 5 years" at the top of page 1 of this statement and continue to the continue of the	··			

18	Enter the amount from Line 11.		\$2,087.08
	income listed in Line 10, Column lidebtor or the debtor's dependents	narried, but are not filing jointly with your spouse, enter on Line 19 the total of any B that was NOT paid on a regular basis for the household expenses of the Specify in the lines below the basis for excluding the Column B income (such bility or the spouse's support of persons other than the debtor or the debtor's	
19	· '	come devoted to each purpose. If necessary, list additional adjustments on a rentering this adjustment do not apply, enter zero.	
19	· '	come devoted to each purpose. If necessary, list additional adjustments on a	
19	separate page. If the conditions for	come devoted to each purpose. If necessary, list additional adjustments on a rentering this adjustment do not apply, enter zero.	
19	separate page. If the conditions for	come devoted to each purpose. If necessary, list additional adjustments on a rentering this adjustment do not apply, enter zero. \$0.00	\$0.00

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21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. \$25,					\$25,044.96	
22	Applicable median family income. Enter the	e amount from Lir	ne 16				\$35,505.00
	Application of § 1325(b)(3). Check the application	cable box and pro	ceed	as directed.			
23	The amount on Line 21 is more than the determined under § 1325(b)(3)" at the top of						
	The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.						
	Part IV. CALCULATION OF DEDUCTIONS ALLOWED FROM INCOME						
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)							
24A	court.) The applicable number of persons is the number that would currently be allowed as exemptions on your					\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
	Household members under 65 years of a	је	Но	usehold members 65 yea	rs of age or o	lder	
	a1. Allowance per member		a2.	Allowance per member			
	b1. Number of members c1. Subtotal		b2. c2.	Number of members Subtotal			\$
							+
25A	Local Standards: housing and utilities; nor Housing and Utilities Standards; non-mortgage information is available at www.usdoj.gov/ust/	expenses for the	appli	cable county and family size	e. (This		
20.1	size consists of the number that would current plus the number of any additional dependents	y be allowed as ex	kemp		-		\$
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
	a. IRS Housing and Utilities Standards; mo		nse		\$		[
	 b. Average Monthly Payment for any debts home, if any, as stated in Line 47 	secured by your			\$		
	c. Net mortgage/rental expense					e b from Line a.	\$
26	Local Standards: housing and utilities; adj Lines 25A and 25B does not accurately comput Housing and Utilities Standards, enter any add state the basis for your contention in the space	te the allowance to titional amount to v	o whi	ch you are entitled under the	e IRS		
							\$

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Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 27A If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy \$ Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you 27B are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ \$ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a 28 Line 28. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by b. Vehicle 1, as stated in Line 47 \$ Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$ Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a Line 29. Do not enter an amount less than zero. 29 IRS Transportation Standards, Ownership Costs a. \$ b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. c. \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur 30 for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment \$ taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment.
Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. 31 Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually 32 pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance. \$ 33 to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. \$ Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a 34 condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend 35 \$ on childcare -- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.

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36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance listed or health savings accounts listed in Line 39.	\$		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health that of your dependents. Do not include any amount previously deducted.			
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.			
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37	-		
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$			
39	Total and enter on Line 39	 \$		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.			
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$			
42	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and \$			
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$		
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$		
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$		

Subpart C: Deductions for Debt Payment

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	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly					
		Name of Creditor	Property Securing the Debt	Average Payment	Does payment include taxes or insurance?	
47	a.			\$	☐ Yes ☐ No	
	b.			•	☐ Yes ☐ No	
				\$	+=	
	C.			\$	Yes No	
	d.			\$ \$	☐ Yes ☐ No	
	e.					\$
				Total. Add Ellios a	,	Ψ
Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
		Name of Creditor	Property Securing the Debt	1/60th of the	Cure Amount	
48	a.			\$		
	b.			\$		
	c.			\$		
	d.			\$		
	e.			\$		\$
				Total: Add Li	nes a - e	
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.						\$
Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.						
	a.	Projected average mont	hly Chapter 13 plan payment.	\$		
50	b.	issued by the Executive	ur district as determined under schedules Office for United States Trustees. lable at www.usdoj.gov/ust/ or from the court.)	x		
	C.	Average monthly admini	strative expense of Chapter 13 case	Total: Multiply Lin	es a and b	\$
51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. \$						\$
			Subpart D: Total Deduction	ons from Income		•
52	Total	of all deductions from i	ncome. Enter the total of Lines 38, 46, an			\$

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)				
53	Total current monthly income. Enter the amount from Line 20.	\$			
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$			
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$			
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				

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	`	7. 1 7. 7	<u> </u>			
	there is below. I You m	tion for special circumstances. If there are special circumstance no reasonable alternative, describe the special circumstances and If necessary, list additional entries on a separate page. Total the expust provide your case trustee with documentation of these explanation of the special circumstances that make such	the resulting expenses in lines a-c penses and enter the total in Line 57. penses and you must provide			
57		Nature of special circumstances	Amount of expense			
	a.		\$0.00			
	b.		\$0.00			
	C.		\$0.00			
	L		Total: Add Lines a, b, and c	\$0.00		
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.					
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.					
		Part VI: ADDITIONAL EX	XPENSE CLAIMS			
	health a	Expenses. List and describe any monthly expenses, not otherwise and welfare of you and your family and that you contend should be a rincome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sou erage monthly expense for each item. Total the expenses.	an additional deduction from your current			
60		Expense Description	Monthly Amount			
00	a.		\$			
	b.		\$			
	C.		\$			
		Total: Add Lines a h, and c	\$			

	Part VII: VERIFICATION				
61	both debtors must sign.)	ation provided in this statement is true and correct. (If this a joint case, /s/ Terri Jean Pittman (Debtor) (Joint Debtor, if any)			